

RURAL SANITARY AUTHORITY,
BRIDGNORTH DISTRICT.

A. BETHELL,
MEDICAL OFFICER
OF HEALTH.

Gentlemen

I beg to hand you my report for the half
year ending December 31st 1897.

The Table A. Annexed gives the number of deaths
from all causes - viz 52. There was no death from
fever but 2 from Whooping Cough.

The number of deaths under 5 years were 20
rather a large percentage for a rural district.

Table B. Annexed gives the number of births at 65
The number of Cases notified under the Act are
Scarlet fever 24

Dysentery 1
Membranous Croup 1.

Measles and Whooping Cough have also been
prevalent but as they are not under the Act I am
not able to tell you the number of cases.

The following schools have been closed by you acting
on my advice. Burwarton. Ditton and Middleton
Priors, and Eardington for Measles.

For Scarlet fever Eardington

For Influenza Alcester.

Several cases of Scarlet fever sprung up in Claverley



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Parish, chiefly among adults. The man wilfully exposed himself and was summoned and convicted. Hope the necessity for this will not occur again. Milk Supply As far as I can make out the milk sellers in this district have not been reported. This is a necessity not only for the protection of people living in the town but also for the large towns who receive milk from this district.

Water Supply This question is one of the most important of the day. And it is absolutely necessary that all public wells should be properly protected, there are some in this neighbourhood that are not. I propose shortly to have a complete list as possible laid before you, and ask you to order the same to be protected.

Alceley village is in an unsatisfactory sanitary condition, and ought to have a system of public drainage. I think it would be well if the board were to ~~order~~ pay to have any case of reported diphtheria bacteriologically examined. If this were done. I could tell the medical practitioners if it were a real cure or not, besides which it would be a



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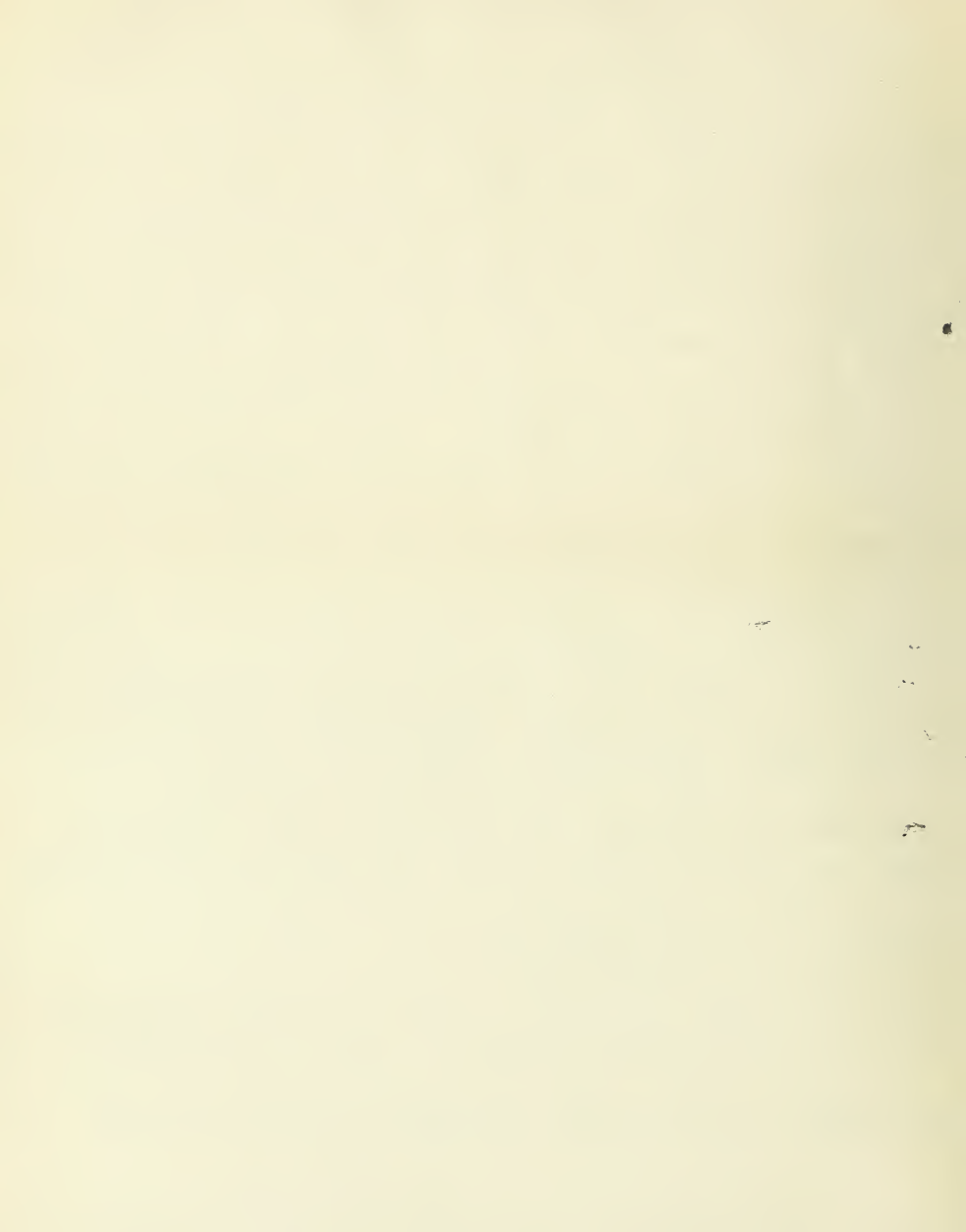
great advantage to the public to know the exact state of the case. It is now being done by several Sanitary Authorities. I could get it done by the Clinical Research Society for a small fee. I think the public should have the advantage of this advance in Sanitary Medical Knowledge and it puts the Sanitary Committee in a strong position to order any Sanitary defects to be put right at once.

The following is a summary of the work done by the Inspector of Nuisances under my superintendence. It has entailed a great deal of work. If a man does his duty well at all times you must remember that this work will create some friction occasionally.

Number of houses which have been inspected either in connection with outbreaks of infectious disease or in consequence of complaints, or in the course of a sanitary survey ————— 194

Total number of notices of all kinds served, including both formal and informal notices — 68

Approximate number of notices complied with 55



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Particulars of Sanitary Matters referred to
in the above Notices.

- A. Deficient or objectionable water supply. 14
B. New drains to be constructed or old drains
to be amended. 32
C. New closets to be provided or old ones to be
amended in construction. 19
D. Houses damp or dirty or admitting rain
or weather or otherwise in a bad sanitary
state. 4
E. Cottages over crowded. 3
F. Offensive accumulations of all kinds. 10
G. Animals so kept as to be a nuisance. 11
H. Public exposure of infected person or things. 1

NOTES ON TABLE B.

(See also Notes on back of Table A.)

- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of Consumption and other prevalent diseases, should be made in the text of the Report.*

District,

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.

* The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

NOTES ON TABLES A AND B.


- NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*
2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*
3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*
4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

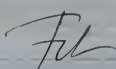
As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.									
Area in Acres	90541								
Population (Last Census)	9105								
" (Estimated to middle of 1897)	9105								
Death Rates.	<table border="0"> <tr> <td rowspan="2">{</td> <td>General</td> <td>14.6</td> <td rowspan="2">{</td> <td>per 1,000 Population, estimated to middle of 1897.</td> </tr> <tr> <td>Infant (under one year of age)</td> <td>2.7</td> <td>per 1,000 Births Registered.</td> </tr> </table>	{	General	14.6	{	per 1,000 Population, estimated to middle of 1897.	Infant (under one year of age)	2.7	per 1,000 Births Registered.
{	General		14.6	{		per 1,000 Population, estimated to middle of 1897.			
	Infant (under one year of age)	2.7	per 1,000 Births Registered.						

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.


 Medical Officer of Health.

(Date)  , 1898.